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REPORT OF FOUR CASES OF PELVIC ABSCESS FOLLOWING LABOR.*

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The point of particular interest to me in these cases is their ætiology, as I think the histories show beyond question that their origin was entirely the result of puerperal septicæmia. Two of them—the first and second—are also of interest to me as showing that with extensive inflammatory changes, involving the uterine appendages, a woman can become pregnant, carry the product of conception to full term, and be delivered of a healthy child.

Case I.—Mary B., aged twenty-three years; in perfect health until after the delivery of her first child in 1889. Her getting up was very slow, the history given me showing there was some septic infection. From this time she suffered greatly from pain in the right iliac fossa, which was always greatest at the approach of the menstrual period. She began to menstruate eight months after the birth of the child. She became pregnant the second time May 9, 1892, and was delivered January 1, 1893, of a healthy male child weighing eight pounds +. The labor was a rapid one, lasting only about two hours. When I reached the house the child was born. The placenta was delivered a few minutes afterward by the Credé method without any trouble. This was the first time I had seen the patient, having been attended during her first labor by a midwife. The usual aseptic precautions were taken, and, with the exception of very severe after-pain, nothing unusual seemed to present itself until, twenty-four hours later, when I made my first visit after the delivery, I found her suffering greatly from pain, which was confined mostly to the right side, the

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uterus markedly subinvoluted and distinctly felt well over to the right and a free flow mixed with large clots. The pulse was 110 and the temperature 100°. Vaginal examination, which was made for the first time, disclosed a large mass on the right side, the uterus firmly fastened, and an old bilateral tear of the cervix; also considerable laceration of the perinæum, which had been neglected from the first labor, there being no acute laceration whatever. The temperature and pulse continued to mount higher and higher, and her general condition grew worse, until the eleventh day after confinement when she was placed on the table, the abdomen was opened, and in passing the finger behind the uterus the abscess was ruptured and at least ten ounces of pus were removed. The pus cavity was high up on the right side, behind and to the right of the cornua of the uterus. There was considerable loss of the uterine tissue at the seat of abscess, due, I think, rather to the presence of the pus than to its being in the uterine walls primarily, as the abscess was unquestionably the result of leakage of pus from the tube. The abdominal cavity was flushed with large quantities of hot water, a glass drainage-tube inserted and allowed to remain twenty-four hours, and the abdominal incision closed. The patient made a very satisfactory recovery. Eight months ago I again delivered her of a healthy female child, from which labor she made a perfectly natural convalescence and is well at this time. Examination of the uterus eight weeks after the birth of this last child showed it to be much smaller. There was, however, considerable fullness, but no pain and but slight tenderness. Dr. B. C. Hirst, who was present at the operation, agreed with me that it was impossible to remove the appendages. On removal of the glass tube it was found broken about its center. The lower portion, however, was readily removed by passing a hæmostat through its center and separating the blades at the same time traction was made.

Case II.—Mulatto, aged twenty-four years; had three children. After the birth of the second child, during which she was attended by a midwife, she grew ill, complaining of severe pain in the pelvis, which from her history was not localized. I saw her with Dr. W. W. Moorhead two months after the delivery of the third child, and found her confined to her bed, where she had been almost constantly since her delivery. Examination disclosed a large accumulation filling up the entire floor of the pelvis, the uterus slightly subinvoluted and resting against the bladder (in other words, it was held firmly against the bladder by the large abscess behind it). Cœliotomy was done the following day and not less than a quart of pus was emptied from a

left broad-ligament abscess, the uterus slightly larger than the average uterus of a multipara. The appendages in this case were also so firmly adherent that I made but slight effort to free them, owing to the extreme condition of the patient. The usual flushing and drainage of the abdominal cavity were here used, and the patient's convalescence was continuous though slow. The drainage-tube was removed on the third day. The tube track, however, did not close for about seven weeks, there being some pus discharged from it during this period. The patient is perfectly well, or was when I saw her some months ago. She was delivered of a healthy female child four months ago and made a perfectly natural convalescence.

Case III.—Colored, aged eighteen. Nine days after the delivery of her first child I saw her with a student who had been present at her confinement, when I obtained the following history: Delivered of a stillborn child after labor of ten hours; no untoward symptom until third day after delivery, when she had a chill, followed by temperature of 103,° sweats, pain in right side, fœtid lochia, and all the symptoms that are well known to accompany acute purulent infection. Vaginal examination on the ninth day, when I saw her, disclosed a large boggy mass confined to the right side, great tenderness over the same region on palpation, temperature 104°, pulse 120; the breasts were also engorged and very painful. After thorough depletion by the bowel for twenty-four hours, the abdominal cavity was opened and about three ounces of pus, together with the tube and ovary, were removed. The left appendages were free and therefore not disturbed; the abdominal cavity was flushed with large quantities of water, drainage-tube inserted, and the wound closed. The drainage tube removed in twenty-four hours, the patient made an uninterrupted recovery. The case showed some evidences of specific disease, though it did not seem to play any part in causing this condition, which was undoubtedly due to infection through the laceration of the cervix, which, though slight, was nevertheless sufficient, I think, to serve as a focus of infection. There was also slight laceration of the perinæum.

Case IV.—Annie G., aged twenty years; in good health until the delivery of her first child seven weeks ago (December 28th). Extensive laceration of the cervix and perinæum, neither of them having been repaired, as she was attended by an old woman. After having suffered for six weeks after the delivery, she was seen by my brother, Dr. W. C. Hammond, when she gave the following history: High fever; great pain over the entire abdominal cavity, with greatest tenderness over the left iliac region. At this visit he found the tem-

perature 103°, pulse 140, very feeble ; clammy skin, vomiting, constipation, and the woman generally in a very serious condition. He at once began the free use of stimulants and thorough irrigation of the birth track, and, as soon as the woman could stand it, depletion by the bowel with saline. The abdominal cavity was opened one week later, when two abscesses were found, one within the broad ligament, the other above and posterior to the uterus on the left side. Adhesions of the omentum were so great that a portion of it had to be ligated and cut off. The uterus was very large, and, together with the ovary and tube, drawn well over to the left and firmly bound down by strong adhesions, many of which were broken up ; but the woman's condition was so extreme that nothing further was done except to empty the abscess cavities, break up adhesions, and flush the cavity with large quantities of water. The patient seemed to be doing well for twenty-four hours, with the exception of the high pulse-rate, which continued from 140 to 160 ; the temperature, however, dropped to 101°, and never went above that, the patient dying the third day. The death was unquestionably due to exhaustion, as the patient's condition was so extreme that I feared she would not even stand the ether ; the lower bowel was thoroughly agglutinated by the inflammatory exudate arising from the general peritonitis which the woman had largely passed through when she was first seen by the doctor.

While the surgical intervention in three of these cases is little more than opening an abscess, the subsequent history of them seems to justify such a procedure, which might seem to some to be lacking in completeness. In two of the cases, however, it was not possible to have accomplished the removal of appendages without greatly lessening the possibilities of recovery of the patients ; and since the operation two of them have borne children, I would hesitate to do more in other cases of the same character.

In cases like the third, where it is possible to remove the diseased appendage without greatly prolonging the operation, I think it would be bad surgery to allow it to remain.

In the fourth case the diseased structures could only have been removed by prolonging the operation, which would unquestionably have terminated the life of the patient much sooner than it did.